Standard Operating Procedure
Feticide procedure

Purpose:	To provide staff working in the Fetal Medicine Department with procedure guidance to end the life of a fetus whose parents have made the difficult decision to end the pregnancy due to Fetal anomaly or pregnancy complication. Feticide has two specific functions: a) it preserves parental choice when making the difficult decision to terminate a pregnancy at advanced gestation when a live birth would be expected. b) it spares parents the extremely difficult experience of their baby dying, using from extreme prematurity following induction of miscarriage.
Scope:	All staff working in Fetal Medicine who are involved in the procedure When a decision has been made to end the pregnancy for a Fetal abnormality after 21+6 weeks, feticide should be routinely offered. When the Fetal abnormality is not compatible with life, ending a pregnancy without prior feticide may be preferred by some women. The decision for termination of pregnancy should be clearly documented. This should include counselling provided to parents on the level of impairment expected from any abnormalities detected. When the Fetal abnormality is not lethal and ending a pregnancy is being undertaken after 21+6 weeks gestation, failure to perform feticide could result in live birth and survival, an outcome that contradicts the intention of the abortion. (RCOG 2010). These circumstances should be considered wholly exceptional. Any baby born alive, irrespective of their gestation, becomes a legal entity and is therefore has the rights, statutes and protection of the state (RCOG 2010).
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Version Control:	1

	Instruction	Action
1.	Inform the parents when they ring with their decision, that the procedure will be arranged as soon as possible and that they will be contacted once the arrangements have been made. This could take a couple of days so it is important to keep in touch with the parents.	Depending on the gestation and reason for ending a pregnancy,
2.	Contact the Fetal Medicine Consultant managing the woman's case and inform of the decision for Feticide. ***Ensure HSA1 form has been completed by two Doctors.*** Provisionally book the Forget Me Not Suite with Delivery Suite	

3.	Look at the Fetal Medicine scan diary to see if there are any free appointments where the procedure could be placed. At least 2 hours should be allocated to allow for a difficult procedure without the pressure of women waiting to be seen on the normal list.	
4.	If there are no available appointment times to allow for the procedure, contact Mr Cunningham, Fetal Medicine, and look at the scan lists to find a suitable time. This may mean that the secretaries have to contact the women to move appointments to allow for the procedure to take place.	
5.	Email the Fetal Medicine Consultants to ascertain who will be free to do the procedure and who would be assisting. Normally Mr Cunningham will take the lead and one of the other Consultants will assist	
6.	During holiday periods for the Consultants, it may be necessary to refer the women to another hospital. This must be cleared with the Fetal Medicine Consultants and Directorate Manager	QMC Nottingham Derby Maternity Hospital. Liverpool Women's Birmingham FMU
7.	When the Consultants and space on the list has been confirmed, the woman will be informed and arrangements made to attend the Fetal Medicine Department an hour before the scan appointment. Book the Counselling room with the Fetal Medicine secretaries.	
8.	Medication to be prescribed by the Consultant and obtained from Pharmacy using the DDA order book and blue box. Send the prescription sheet in the box also. Ask pharmacy to telephone the office when ready to be collected. Store all medication in the controlled drug (CD) cupboard and the key and DDA book to be taken to MBC if medication not required until the next day.	<u>Drugs to be prescribed</u> 100mg Pethidine 2mg Lorazepam 200mg Mifepristone 20ml 15% Potassium Chloride 12.5mg prochlorperazine 10ml 1% Lidocaine kept as stock items
9.	Inform Meet and Greet desk staff in the Maternity Reception that the woman will be attending for an appointment and when she arrives to inform the Fetal Medicine/Screening office. A member of staff will go to the Maternity Reception and escort them and escort to the Counselling room in the Antenatal Clinic/Early Pregnancy Unit corridor which will have been pre-booked.	
10.	Midwife to discuss the procedure with the parents and reassure them Maternal BP, pulse and temperature to be taken as baseline. Staff working in Fetal Medicine at the time of the procedure should be given the option of not being in the room for the procedure in case of personal circumstances at the time, eg, pregnancy. A Fetal Medicine Consultant to lead the briefing of the team involved and ensure that the team are completely aware of the reasons for the procedure and agree roles prior to the procedure.	
11.	Consultant to see the woman and obtain written consent after full discussion of the procedure. Counselling room ANC / EPU corridor	
12.	Medication to be administered as prescribed by two Registered Midwives after consent obtained. Ask the woman to go to the toilet to empty her bladder before the medication takes effect. Have a wheelchair ready to escort the lady to scan room 4 when Medical staff are ready to commence the procedure.	<u>Medication to be administered</u> 12.5mg prochlorperazine /100mg Pethidine im, 2mg Lorazepam oral
13.	Sterile trolley to be set up as for Amniocentesis using an aseptic technique with the addition of 10ml syringe for the Lidocaine and four 5ml syringes with separate green needle to draw up the Potassium Chloride. Discard green needle after drawing up KCL.	Set up the trolley in the Clinical room (EPU) See 14

14.	The doctor who is assisting with the procedure should be asked to draw up the Lidocaine in a 10ml syringe and the 20ml Potassium in the four 5ml syringes as they will be administering the medication. The trolley can then be taken into the room when the Medical staff are ready and placed behind the curtain. Member of staff to remain with the trolley in the room to ensure not tampered with.	
15.	The woman (and partner) to be escorted into scan room 4 with the woman in a wheelchair and then transferred onto the couch.	Use of a wheelchair is advised due to the effects of the sedation on mum.
16.	Lead Consultant will scan the woman and then cleanse the skin with Trisept and Chlorhexidine Gluconate as for Amniocentesis. Sterile drape is then positioned over the woman's legs. Partner is positioned close to the woman for her reassurance. Midwife can then remove her gloves and be there to support the woman and her partner throughout the procedure.	
17.	Notes should be made by the Maternity Support worker (MSW)as to when the SC/IM Lidocaine is given and then the times the 5ml bolus injections of Potassium Chloride are administered and how much is given. The Midwife will then ensure these times are documented on the prescription sheet and signed by the Doctor The time the fetal heart stopped should also be recorded by the MSW. These are then documented on K2.	10ml 1% Lidocaine 20ml 15% Potassium Chloride – not all the potassium needs to be given. Any remaining should be discarded as per Trust policy.
18.	Parents are left alone in the scan room for privacy directly after the procedure has finished if they wish. They should be aware that staff are close by if needed. Condolences are conveyed to the parents.	
19.	After 20 to 30 minutes the Consultant will return to the room with the Midwife / MSW and re-scan to confirm Fetal Asystole. Condolences are conveyed to the parents. Mifepristone medication is given to the woman prior to leaving the scan room.	200mg Mifepristone oral
20.	Parents are escorted to the Counselling room by the Midwife with the woman in a wheelchair. Refreshments offered and allowed time to ask any questions about the procedure. Perform maternal observations. Allow parents time alone or with family members whilst documentation completed.	
21.	• K2 documentation to be completed by Midwife • Medway admission and discharge • Medisec E-discharge • Care pathway – copy to be printed off the intranet and completed with as much detail as required.(loss of a baby due to congenital abnormality) • CMW to be informed by the Midwife • GP to be informed by the Midwife • Inform county office - 4059 that the woman has had Mifepristone • Confirm with the Delivery Suite Forget-Me-Not Suite is available.	
22.	Allow parents time to ask questions and offer for them to visit the Forget-me -Not suite before they leave the department. Ensure maternal observations are satisfactory and that sedation has safely worn off before allowing home. Ensure that parents are aware to contact Delivery Suite if any pain, bleeding, leaking fluid or other concerns. The woman will then be admitted directly to the Forget-Me-Not Suite rather than MAU. Provide telephone numbers to the parents and advise them to contact Delivery Suite at 9 am on the morning it has been arranged for them to be admitted to the Forget-Me-Not-Suite.	